

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Illinois State Bar Association

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 424 S. Second St., Springfield, IL 62701


Name of Agent Designated to Receive
Notification of Claimed Infringement: Mark S. Mathewson, Director of Legal Publishing

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Illinois State Bar Association, Illinois Bar Center, 424 S. Second St., Springfield, IL 62701

Telephone Number of Designated Agent: 217-525-1760

Facsimile Number of Designated Agent: 217-525-0712

Email Address of Designated Agent: mmathew@isba.org


Signature of Officer or Representative of the Designating Service Provider: _____ Date: March 21, 2006

Typed or Printed Name and Title: Robert E. Craghead, Executive Director

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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